

FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90209 033 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000067101 1. Entity Name COMMERCIAL PROPERTIES OF VOLUSIA COUNTY, INC.	
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Principal Place of Business 533 NORTH NOVA ROAD SUITE 216 ORMOND BEACH, FL 32174	Mailing Address 533 NORTH NOVA ROAD SUITE 216 ORMOND BEACH, FL 32174
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66420352



DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3445318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BABCOCK, ANDREA L 533 NORTH NOVA ROAD SUITE 216 ORMOND BEACH, FL 32174
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABCOCK, ANDREA L 533 N. NOVA ROAD - SUITE #216 ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrea L. Babcock* **4/5/04** **386-615-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #